

Instructions for Completing the WIC Certification Forms

Participant Forms: WIC-36, -38, -39, -40, -41

Completing the forms

Information must be documented in all sections, except in the optional shaded areas of the Participant Forms.

- **Cert Date:** Document the date the certification was completed. This information will be used when conducting quality assurance audits (self-audits), if the Texas-WIN system is down or unavailable, or if the form becomes dislodged from the files.
- **Cert Effective/Cert Expires:** (shaded, optional field) Document the date the certification is effective and the date the certification expires. The dates can be obtained from the computer after data entry.
- **LA #/Site #:** Document the local agency's number and the site number where the applicant is certified.

Out-of-State Transfers Only

- **Out-of-State Transfer:** (shaded, optional field) Check "Y" for yes or "N" for no.
- **Priority:** (shaded, optional field) The computer will automatically assign the priority level.
- **Cert Expires:** Document the certification expiration date.

Identification

- **Client ID (CID) or PAN (Primary Account Number):** (shaded, optional field) Document the Client ID number and/or the PAN number on the Electronic Benefits Transfer (EBT) card. The CID can be found in the Texas-WIN system or on the Texas WIC Shopping List under the client's name in the "For Staff Use Only" section.
- **Name:** Document the applicant's last and first name. Although the boxes for the middle name are not shaded on the form, entering the middle name is not required but encouraged.

- **Social Security Number** (Infant and Child Participant Forms): Document the social security number of the infant or child, if available. Although the boxes in this section are not shaded on the form, entering the social security number is not required but encouraged. If the parent/guardian is unable to provide the social security number, the boxes may be left blank. Verbal declarations are acceptable (written proof is not mandatory). Any social security number obtained shall be documented on the WIC-35. Refer to Policy CS: 13.0, Collection and Use of Social Security Numbers.
- **Date of Birth (DOB)**: Document the date of birth for infants and children. The boxes are shaded and optional for Pregnant, Breastfeeding, and Postpartum women.
- **Sex** (Infant and Child Participant Forms): Document the gender of the infant or child by checking either “M” for male or “F” for female.
- **Race and Ethnicity**: Check or circle the appropriate race(s) *self-identified* by the participant. Check “Y” for yes or “N” for no for “Hispanic” or “Latino,” to indicate the participant’s ethnicity. Visual identification of race and ethnicity should only be used if a participant chooses not to self-identify. Refer to Policy CR: 09.0, Collection of Race and Ethnicity Data.
- **Identification-Verification Method** (Infant and Child Participant Forms): Identify the document used to verify the identification of the infant or child by checking or circling one identification method. Refer to CS: 05.0, Identification of WIC Applicant.

Other Program Participation

Identify all programs which the applicant currently participates in by either circling or checking the appropriate program(s). Document the Medicaid number, if available. If the participant is a Medicaid recipient but does not know the Medicaid number, enter nine 5's (555555555) to indicate the number is unknown.

Immunizations (Infant and Child Participant Forms)

Check “Y” for yes or “N” for no to indicate the infant’s immunization status. If the immunization record is not available for review, leave the “Y” or “N” box blank and enter a checkmark by “Not Available.”

Measurements

- **Height/Weight**: Document the applicant’s height to the nearest 1/8 inch and weight to the nearest ounce. If the height/weight data is unknown or not available, enter “99 0/8 inches and 999 lbs., 0 ounces.” Refer to Policy CS: 17.0, Documentation of a Complete Nutrition Assessment.

- **Measure Date:** Documenting the measurement date is not required unless the measurements were taken on a day other than the certification date. The system will automatically enter the current date.
- **Hct/Hgb:** Document either the hematocrit or hemoglobin value. Bloodwork shall not be performed on infants younger than 6 months of age. Do not obtain a hematocrit or hemoglobin on infants 6 to 8 months of age, unless 1) the certifying authority (CA) or WIC Certification Specialist (WCS) determines blood work is required because the infant may be at nutritional risk, or 2) the requirement to return to the clinic for blood work between 9 and 12 months presents a barrier for program participation. For infants certified at 7 or 8 months of age, enter “78” for hematocrit or “78.0” for hemoglobin. If the hematocrit or hemoglobin data values are unknown or not available, enter “99” for hematocrit and “99.9” for hemoglobin. See Policy CS: 17.0, Documentation of a Complete Nutrition Assessment. **Note:** Premature infants shall not have a blood test before 6 months corrected/adjusted age.
- **BMI (Child, Pregnant, Breastfeeding and Postpartum Forms):** (shaded, optional field) Document the participant’s body mass index (BMI).

Health-Care Sources/Referrals

- **Health-Care Sources:** Identify the applicant’s source of health care by either checking or circling the appropriate number(s). One or more sources may be identified.
- **Referred From:** Identify the source which best represents from where the participant was referred to WIC by either checking or circling the appropriate number(s).
- **Referred To:** Identify all referrals made to the applicant by either checking or circling the appropriate numbers. This includes verbal, as well as written referrals. **Note:** check or circle “99, *Do Not Release Applicant Data*”, when the applicant declines to allow the release of their information (i.e., name, date of birth, address and phone number) to THSteps as indicated on the *Supplemental Information Form (SIF)*.

Nutritional Risk

Risk conditions are listed on the backside of the Participant Form. All applicable nutritional risk conditions must be documented on the form by either circling or checking the appropriate codes. Risk codes may be documented on the front of the Participant Form for ease of data entry, if desired, but they must be identified on the back of the form as official documentation.

Food Package

- **Food Pkg Code:** Document the food package number that corresponds to the participant's age/category and food package description.

Formula

- **Formula Code:** Document the formula code if the participant is receiving any amount of formula from WIC. Documentation of prescription changes on the Participant Form is optional, as long as the changes are documented elsewhere (e.g., Staff Communication Form or progress notes) in the participant's chart.
- **Full or Partial Max or Tailored Qty** (Infant Form): Check "Full" if the participant is receiving a full formula package and "Partial Max" if the participant is receiving a partial formula package (mostly BF). If the quantity of formula is altered to meet the infant's specific needs, enter the number of cans in the "Tailored Qty" boxes.
- **Max or Tailored Qty** (Child, Pregnant, Breastfeeding and Postpartum Forms): Check "Max" if the participant is receiving the maximum allowable quantity of formula. Document the number of cans in the "Tailored Qty" boxes if the doctor has prescribed less than the maximum amount of formula allowed.
- **Rx Expiration:** When a prescription is required to issue a formula or medical nutritional product, the formula prescription expiration date must be documented on the Participant Form. The formula expiration date is the last day for which benefits are issued. Documentation of prescription changes on the Participant Form is optional, as long as the changes are documented elsewhere (e.g., Staff Communication Form or progress notes) in the participant's chart.

Updates

Documentation of prescription changes on the Participant Form is optional, as long as the changes are documented elsewhere (e.g., Staff Communication Form or progress notes) in the participant's chart.

- **Date:** Document the month and day the formula change occurred. This date will not be entered into the WIN system.
- **Food Pkg:** Document the food package number (code) that corresponds to the participant's age/category and food package description.
- **Formula Code:** Document the replacement formula code(s). Changes may be documented in the additional boxes.

- **Full or Partial Max** (Infant Form): Check “Full” if the participant is receiving a full formula package or “Partial Max” if the participant is receiving a partial package (mostly BF). If the doctor prescribes an amount other than full or partial, document the specified quantity some place in the Updates section.
- **Max or Qty** (Child, Pregnant, Breastfeeding and Postpartum Forms): Check a box if the participant is receiving the maximum allowable quantity of formula. Document the number of cans in the boxes if the doctor has prescribed less than the maximum amount of formula allowed.
- **Rx Expiration:** Enter the prescription expiration date. The formula expiration date is the last day for which formula benefits are issued.

Nutrition Education

- **NE Code:** Document the nutrition education code(s) that correspond with the nutrition education provided. At a minimum, all certification NE codes should include the VENA Counseling code (VC00099).

Infants Only:

- **Birthweight:** Document the infant’s weight at birth. If the birth weight is unknown or not available, enter 0 lb., 1 oz.
- **Weeks Gestation:** Document the number of weeks gestation completed. If the weeks gestation is unknown or not available, enter 99.
- **Currently Bf:** Check “Y” for yes if the infant is currently breastfed or “N” for no if the infant is not currently breastfed.
- **Date Ended Bf:**
 - If the infant is currently breastfed or receiving his/her mother’s expressed breastmilk, leave this section blank.
 - If the infant was breastfed or received any amount of his/her mother’s expressed breastmilk on the day he was born, enter one day after the infant’s date of birth.
 - If the infant was breastfed beyond the first day of life, but is no longer breastfeeding, enter the date the infant stopped nursing or receiving expressed breastmilk from his/her mother.
 - If the infant was never breastfed nor received any amount of his/her mother’s expressed breastmilk, enter the infant’s date of birth.

Women Only:

- **Delivery Date** (Pregnant, Breastfeeding and Postpartum Forms): Document the estimated date of delivery for pregnant women and the actual date of delivery for breastfeeding and postpartum women.
- **Trimester Prenatal Care** (Pregnant, Breastfeeding and Postpartum Forms): Document the trimester in which the applicant first received prenatal care.
- **Weeks Gestation** (Breastfeeding and Postpartum Forms): Document the completed gestational week in which the applicant delivered the baby. If the weeks gestation is unknown or not available, enter 99.
- **Pre-Preg Wt** (Pregnant, Breastfeeding and Postpartum Forms): Document the applicant's weight before pregnancy. If the pre-pregnancy weight is unknown or not available, enter 999 lbs.
- **Preg Wt Gain** (Breastfeeding and Postpartum Forms): Document the number of pounds gained during the most recent pregnancy. If the pregnancy weight gain is unknown or not available, enter 999 lbs.
- **Gravida** (Pregnant, Breastfeeding and Postpartum Forms): Document the number of times the woman has been pregnant, including the current pregnancy.
- **Para** (Pregnant, Breastfeeding and Postpartum Forms): Document the number of births greater than or equal to 20 weeks gestation, regardless of outcome.
- **Pregnancy Outcome** (Breastfeeding and Postpartum Forms): Document the appropriate code (L, S, M, A, or N) under the "Outcome" column. The weight in pounds and ounces and the sex of the infant(s) should be documented in the appropriate columns. If this is unknown, leave the columns blank (e.g., if a miscarriage, abortion, etc.). The additional rows are intended for multi-fetal births.
- **Previously Bf Other Infants** (Pregnant and Breastfeeding Forms): If the applicant has previously breastfed other infants, including expressed breastmilk, check "Y" for yes; otherwise, check "N" for no.
- **Previously Bf This Infant** (Postpartum Form): If the woman breastfed the infant at any time, including expressed breastmilk, check "Y" for yes; otherwise, check "N" for no.
- **Before you came to WIC, had you thought about Bf** (Pregnant Form): Check "Y" for yes or "N" for no to indicate if the applicant has thought about breastfeeding. **Note:** This field is titled "Interested in BF" in the TX WIN system.

- **Exclusively BF** (Breastfeeding Form): If the breastfeeding woman exclusively breastfeeds the infant(s) and receives no supplemental formula from WIC, check “Y” for yes; otherwise, check “N” for no.